## EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT

	FORM 5 ROUGH JUNE 30, 2006 - DUE ROUGH DECEMBER 31,	AUGUST 15	ARY 15	
Pursuant to LSA-R.S. 49:78G(2)(a), a required by Title 49 on behalf of all exercised this option by timely filling of their registered executive lobbyls	of its labbyists. This reporting form githe Executive Lobbying Expendit	n is only to be us	ed by princip	als or employers who have
Hand deliver or mail to: 2415 Qu  OR  Fax to: (225) 783-8787 or (225)	ail Drive, 3 <sup>rd</sup> Floor, Bacon Rouge, 763-8780	LA 70808		
1. EMPLOYER/PRINCIPAL AstraZi 2. BUSINESS ADDRESS 1800 Conce		notan Dalawee	a 10850 575	FOR OFFICE USE ONLY Postmerk Date: 08   11    \$72 (09/06)
2. BUSINESS ADDRESS 1000 Combo Street and		ngton, Delawan State	9 19850-573 Zip	ar Jacob V
MAILING ADDRESS Same as at				
Street and		State	Zip	2061304
3. CONTACT PERSON; Fish	Amber		ĸ	
Last	First		14/1	
I. MAILING ADDRESS 80 South 5	ummit Street, Suite 100 Akron	n. Ohio	44308	
(If different from above) Street and	i No. City	State	Žip	
5. PHONE NUMBER <sup>(330)</sup> 761-996	<u> </u>			
A	rea Code and Phone Number	_		
<ol> <li>List the names and executive lobby</li> </ol>	rist registration numbers of the lobi	byists on whose t	ehalf this rep	port is filed:
1) Name: Barneti	Stephanie		B. EXE	EC.ID.# 212 .
Lest	First		MI	
2) Name: Barrow	Patricla		L EXE	EC.ID.# 211
Lart	First	···	MI	•
3) Name: Bauer	Schelbie		A. EXE	EG.ID.# 217
Last	First		Wi	•

4) Name: Beatty	Топі	A.	EXEC.ID.#_242
Last	First	MI	
5) Name: Bird	Keith	A.	EXEC.ID.# 271
Last	First	MI	
6) Name: Blistan	Beth	M.	EXEC.ID.# 230
Last	First	MI	
7) Name: Bonin	Loree	В.	EXEC.ID.#_199
Læt.	First	МІ	
B) Name; Braud	Jeffrey	М.	EXEC.ID.#_195
Last	First	MI	
9) Name: Braun	Amy	N.	EXEC.ID.# 221
Last	First	MI	
10) Name: Burleigh	Julie	G.	EXEC.ID.# 203
Last	First	MI	· · ·

7. PROVIDE BELOW: (a) the aggregate total of all expenditures during the January 1 - June 30 reporting period; (b) the aggregate total of all expenditures during the July 1 - December 31 reporting period; when applicable; (c) the aggregate total of all expenditures made by the principal/employer in a calendar year.

8.	Total of all executive lobbying expenditures made January 1 through June 30:	\$	See signature page
	(Include expenditures from Schedules A and B)		
þ.	Total of all executive lobbying expenditures made July 1 through December 31: (When Applicable) (Include expenditures from Schedules A and B)	\$	
c.	Total of all executive lobbying expenditures made during calendar year:	\$	
	(I ine "a" added to I ine "b" should equal I ine "c")	_	

8. COMPLETE AN ATTACHMENT FORM for each of your registered executive lobbyists.

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages
Signature of Employer/Principal or Representative
Print or Type Full Name

a se Campo	Stoven	.,	
4) Name: Campo	Steven	<u>M</u> .	EXEC.ID.# 205
Len	First	МІ	
5) Name: Cantrelle	Kevin	М.	EXEC.ID.# 315
Łast.	First -	Mi	
6) Name: Capiel	David	M.	EXEC.ID.# 207
Last	Flirst	M!	
7) Name: Carter	Susan	Ť.	EXEC.ID.# 220
Last	First	МІ	
8) Name: Cordell	Misti	<b>\$</b> .	EXEC.ID.# 270
Last	First	MI	LALU.ID.P
9] Name: Cyrus	Kerry	J.	EXEC.ID.# 216
Last	Flest		
10) Name: Damell, Sr.	Robert	C.	EXEC.ID.# 233
Last	First	MI	
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Last	First	MI	
10) Name: Hebert	Mark	A.	_ EXEC.ID.# 210
9) Name: Hall	Allison First	<u>C.</u>	EXEC.ID.# 215
- <del></del> -		MI	
8) Name: Guerriero	Luke First	W.	EXEC.ID.# 228
Last	First	MI	
7) Name: George	Charles	€.	EXEC.ID.# 200
Last	First	1M	<del></del>
6) Name: Fowler	Lisa	L.	EXEC.1D.# 235
Lask	First	Mi	LALU.IU.II
	Bart	<b>S</b> .	EXEC.(D.# 214
5) Name: Finley	First	MI	

) Name: Helmke	Rachel		EXEC.10.# 244
£a <del>s</del> t	First	MI	
Name: Hohorst	Ashley	A.	EXEC.ID.# 219
Last	First	Mi	CALCUID.
Name: Hull	Dennis	R.	EXEC.ID.#_243
Lest	First	Mı	EXCOND.II
Name: Humphries	Judi	P.	EXEC.ID.# 249
Last	First	MI	
Neme: Kleinpeter	Stephen	M,	EXEC.ID,# 225
Last	First	МІ	
Name: Liles	Jessica	F,	EXEC.ID.#_198
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) Name: Manguno	Rebecca	М.	EXEC.ID.# 227
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Name: Mayer	Amy	F.	EXEC.ID.≢ 197
Last	First	MI	LINGUIDIT, I
Neme: McAllister	Charles	E.	EXEC.ID.# 208
Last	First	—— . <u></u> . Мі	EAEG.IU.F EVO
Name: McCullough	Candace	L.	EXEC.ID.
Last	First		EXECTION.
Name: McDonald	Michael	J.	EVEC 18 286
Lest	First		EXEC.ID.# 289
Name: Milton	Rebecca	B.	EXEC.ID.# 229
Lest	First	MI	EXEC.ID.#_228
Name: O'Toole Benoît	Karen	A	EXEC.ID.# 301
Last	First		EXEC.ID.# OUT
) Name: Puckett	Chad	E.	EXEC.ID.# 226
Lest	First	 MI	5VEC'10'%
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4) Name: Ragusa	Jeri	L.	-v-s - 106
Last	First	M)	EXEC.ID.# 196
5) Name: Rareshide	Jennifer		202
Last	First		EXEC.ID.# 202
6) Name: Rossie	Tracey	S.	EXEC.ID.# 206
Last	First	<u></u>	EXECTION AND
7) Name: Seay	Nicholae	Н.	EXEC.ID.# 314
Last	First	 Мі	EXEG.ID.# 914
B) Name: Slivio	Jeffrey	D,	EXEC. D.# 213
Last	First	MI	EXEC.10.9
9) Name: Sins	Amy	Ç.	EXEC.JD.# 231
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10) Name: Smith	Clark	É,	EXEC.ID.#_250
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4) Name: Soileau	Willam	L.	EXEC.ID.# 218
Last	First		. SAEGID.# 410
i) Name: Spencer	Adriane		EXEC.ID,# 438
Lest	First		EXEC.10,4 400
6) Name: Tergerson	Michael	D.	EXEC.ID.# 241
Lāst	First	Mi	EXEC.ID.S_
Name: Townson	Jennifer	L.	EXEC.ID.# 209
Last	First		- NEC.ID.
Name: Triplett	David	₩.	EXEC.ID.# 224
Latst	First	МІ	EXEC.ID.#
Name: Usie	Kenneth	J.	EXEC.ID.# 223
Läst	First	MI	
0) Name: Viator	Larl	L.	EXEC.ID. 222
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4)	Name: Wall	Stephan	E.	440	
	Last	First	<u></u>	EXEC.ID.# 232	
5)	Name: Zaunbrecher	Therese	М,	5UGA 201	
	Lest	First	MI	EXEC.ID.#_204	
6)	Neme:_Rosenau	Samuel	¢.	387	
	Lest	First	—: <u>~;</u> —	EXEC.ID.#_362	
7)	Name: Schifer	Julie			
	Last	First	<u></u>	EXEC.ID.#	
8)	Name:_N/A		•		
	Last	First	- мі	EXEC.ID.#	
9)	Name: N/A				
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7. PRO	expenditures during the July 1 - Decer	if of all expenditures during the January 1 - ) nber 31 reporting period, when applicable;	luna 30 n (c) the ag	eporting period; (b) the aggregate Gregate total of all expenditures.	total
by the	principal/employer in a calender year  Total of all executive lobbying expen	ditures made language 1 through language	(c) the ag	eporting period; (b) the aggregate gregate total of all expenditures (	total Nade
by the	principal/employer in a calender year Total of all executive lobbying expen (include expanditures from 5chedules :	ditures made January 1 through June 30: A and 6)	(c) the ag	igregate total of all expenditures r	total Måde
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Print or Type Full Name

€.

## EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive labbyists. Make us many copies of this form as needed for the completion of the expenditure report. Identify each page with a number and indicate the total number of pages being submitted.

1) LOBBYIST	Puckett	_	Chad			E.		EXECID	<u> 228</u>		
	Last		First			МІ	-	LALOID	<b>"</b>		
A.	Total of all exect,	utive lobbying e: (Include expend	cpenditures n litures from \$c	nade Jan hodules i	wary 1 thr A and B)	ough June 30	); <b>5</b>	1,387.05			_
	Total of all execu	rtive lobbying ex (When Applicat	openditures n ole) (Includa:	nade July expendit	y 1 throug ures from S	n December : ichedules A an	31: \$ d B)	N/A	<u> </u>	_	
	Total of all execu	ative lobbying ex (Adding above e	spenditures n xpenditure lin	nade dur es should	ing calend equal this	iar year: total.)	3	1,387.05		_	
ß.	Did this lobbyist	make an expend	iitura exc <del>ee</del> d	ing \$50 -	an one as	consion for an	éxecuti	ive branch (	official:		
		nuary 1 through Ify 1 through De			Yes Yes		Na Na	Z	NA		
	if the answer to e	elther question i	n Babowe is '	YES, con	nplete Sch	edule A and	attach.				
Ç.	Did this lobbyist	make expenditu	res exceeding	) the sur	n of \$250	for an execut	l <del>ve</del> bra	nch official	:		
	From January 1 ti From July 1 three			Yes 🗌 Yes 🗍		No <b>⊡</b> No □		NA 🗹			
	If the answer to	either question i	in C above is	YES, cor	implete Sci	nedule A and	attach.				
D.	Did this lebbyist executive branch	expend funds fo officials were in	r any reception vited during	on, socia this rep	ı <b>l gathe</b> rin orting per	g, or other fu ligd?	nction	to which m	ore tha	n twe	nty-five
		Yes 🔽		Νņ						· . ·	
	If the answer to D	D above is YES, o	complete Sch	edule B	and attach	1.			:		 
									:		

	a. Name of Department:  Department of Health and Hospitals  b. Total of all expenditures made January 1 through June 30:	
	an experience made various in tribudgo nune 30:	s_329.58
	<ul> <li>c. Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	\$_N/A
	d. Total of all expenditures made during the catendar year:	<u> 329.58</u>
2]	a. Name of Department: N/A	
	b. Total of all expenditures made January 1 through June 30:	s
	<ul> <li>c. Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	<b>s</b>
	d. Total of all expenditures made during the calendar year:	ş_0.00
3)	s. Name of Department: N/A	
	b. Total of all expenditures made January 1 through June 30:	<u> </u>
	<ul> <li>Total of all expenditures made July 1 through December 31: (Whon applicable)</li> </ul>	<b>s</b>
	d. Total of all expenditures made during the calendar year:	s0.00
)	a. Name of Department: N/A	
	b. Total of all expenditures made January 1 through June 30:	<u> </u>
	<ul> <li>Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	<b>\$</b>

E.

F.	PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedulo; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by this lobbyist during the July 1 - Docember 31 reporting period when applicable; (d) the aggregate total of all expanditures made by this lobbyist in a calendar year attributable to the agency.					
	1)	a. I	Name of Department and Individual Agency:	of Health and Hospitals,		
			Alexandrie Mental Health Center			
		ь.	Total of all expenditures made January 1 through June 30:	\$_154.30		
		C.	Total of all expanditures made July 1 through December 31: (When applicable)	s_N/A		
		d.	Total of all expenditures made during the calendar year:	\$ . <del>154.30</del>		
	2)	<b>a.</b> M	Name of Department and Individual Agency: Department	of Health and Hospitals,		
			Shreveport Mental Health Center			
		b. 1	Fotal of all expenditures made January 1 through June 30:	§ 175.28		
		c. 1	otal of all expenditures made July 1 through December 31: (When applicable)	\$N/A		
		d. T	otal of all expenditures made during the calendar year:	s		
	3)	a. N	lame of Department and Individual Agency: N/A	·		
		ь. т	otal of all expenditures made January 1 through June 30:	<b>*</b> :		
		¢. Ti	otal of all expenditures made July 1 through December 31: [When applicable]	\$		
		d. T	otal of all expenditures made during the calendar year:	şD.00		
	4)	a. Na	ame of Department and Individual Agency: "N/A			
		<b>b.</b> To	otal of all expenditures made January 1 through June 30:	*		
		c. To	otal of all expenditures made July 1 through December 31: (When applicable)	<b>s</b>		
Form 500	8, Rev. 7/1		otal of all expenditures made during the calendar year: Page <u>125</u> of <u>249</u>	\$_0.00		

Alexandria Mental Health Center  Alexandria Mental Health Center  Shreveport Mental Health Center	Executive Lobbyist:	Last	First		E:	rec. Id #: ;	
This schedule must be completed it, during the period January 1 through Aine 3d or the period July 1 through December 31, one of your registe executive lobby/sis made either a) an expenditure for any executive branch official exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditure exceeding \$50 on any one occasion or b) aggregate expenditures expenditures and the aggregate total of expenditures made individual in that reporting period. Make as many copies as are necessary. Exceeding \$10 on the first half of the year in Column \$3.  I. EXECUTIVE OFFICIAL'S NAME  2. OFFICIAL'S AGENCY AS LISTED IN THE EXECUTIVE BRANCH SCHEDULE  3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES PROVED BY SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXPENDITURES EXPENDITURES BETWEEN JULY 1 AND DECEMBER 31  Alexandria Mental Health Center  Shreveport Mental Health Center	SCHEDULE	A: EXPE	MDITURES E	OR EXECUTIVE	E BOAL	ICH OF	EICLAL C
LISTED IN THE EXECUTIVE BRANCH SCHEDULE  EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES FXCEEDING \$250 BETWEEN JULY 1 AND DECEMBER \$11  Alexandria Mental Health Center  Alexandria Mental Health Center  Alexandria Mental Health Center  Shreveport Mental Health Center	This schedule must be comple executive lobby ists made eith exceeding \$250 for any one o expenditure(s) and the oggreg lobby ist should have his own	eted If, during the er a) an expenditu executive branch i ste total of expend Schedule A if one	period January 1 through for any executive brofficial during a report fluwer made on that in its required, NOTE: Re	igh June 30 or the period Ju arich official exceeding \$50 ting period, then you must	ify 1 through on arry one o provide the	December 31 occasion or b) name of the	, one of your registered aggregate expenditures labbyist who made the
Genter \$77.15 \$77.  Alexandria Mental Health Center \$77.15 \$77.  Shreveport Mental Health Center \$87.64 \$87.64 \$87.65	I. EXECUTIVE OFFICIAL'S MAN	Lištedi	N THE EXECUTIVE	EXPENDITURES MADE ON AM OFFICIAL FOR WHOM YOU EITHER SPENT DVFR \$50 ON ONE OCCASION OR MAIJE EXPENDITURES FXCEEDING 3250 BETWEEN JANUARY 1	EXPENDITU ON AN OFF WHOM YOU SPENT OVEL ONE OCCAS MADE EXPE EXCEDING BETWEEN J	RE5 MADE FICIAL FOR U EITHER R 550 ON FION OR RNDITURES U \$250 ULY 1 AND	5. TOTAL OF COLUMNS 3 AND 4
Shreveport Mental Health Center \$77.15 \$77.  Shreveport Mental Health Center \$87.64 \$87.64	ата Воррапа		Iria Mental Health	\$77.15			\$77.15
Shreveport Mental Health	jaya Boppana		iria Mentel Health	\$77.15			\$77.15
Sile Kindand I control	ale Hagan		ort Menial Health	\$87.64		_	\$87.64
	estie Kirkland		diseH istneM noo	\$87,64	, <u>,                                   </u>		\$87.64
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		<del>    -</del>					
			_				
		_			_		
		_					

Executive Lobbylst: Puckett	Chad	Ę. "	226
Last	First	—————————— Exec. Id	#:
SCHEDULE B:	EXPENDIT	RES FOR RECEPTIONS, I	
This Schedule must be completed if one of your exe more than twenty-five executive branch officials we event including the city, and the total amount exper- required.	cutive lobbyists expe	nded funds for any receptions, social gatherin	gs, or other functions to which
1. NAME(S) OF GROUP(S) INVITED	2. DATE OF RECEPTION	3. LOCATION OF RECEPTION	4. TOTAL AMOUNT OF
Health care professionals interested in AstraZeneca products efficacy and disease states	6/19/2006	Louisiana State University Hualth Sciences Cente 1501 Kinga Highway Shruvopoct, Louistena 71103	
Health care professionals interested in AstraZeneca products efficacy and disease states	6/19/2008	Opelouses Mental Health Center 220 W. Market Street Opelouses, Louisiana 70570	\$618.22
	<del>                                      </del>		<del> </del>
		<del> </del>	<del> </del>
<u> </u>	<u> </u>		
	<u> </u>		